

Opportunities in the Changing World of Behavioral Health Services

Kentucky Medicaid Managed Care Forum

Department for Behavioral Health, Developmental and Intellectual Disabilities

Mary Reinle Begley R.N.

Commissioner

Allen J. Brenzel, M.D.,MBA

Medical Director



Behavioral Health Today

**Unprecedented
Opportunity**



**Unprecedented
Challenge**

Behavioral Health, Developmental & Intellectual Disabilities

- Department within Cabinet for Health and Family Services
- Organizational Structure:
 - Division of Behavioral Health
 - Mental Health & Substance Use Prevention and Treatment
 - Division of Developmental & Intellectual Disabilities
 - Division of Administration & Financial Management
- Behavioral Health Authority
- Collaborates across CHFS Departments and other Cabinets
- BHDID provides clinical services within facilities
- BHDID oversees a network of community providers





WSH



CSH



EASTERN KENTUCKY ASYLUM FOR THE INSANE—LEXINGTON.

ESH



FEEBLE MINDED INSTITUTE OF KENTUCKY—FRANKFORT.

FSH

Kentucky State Psychiatric Facilities

Acute Psychiatric Hospitals - Evaluation and treatment for adults with severe behavioral health illness

- *State-owned and operated*
 - Central State Hospital (Louisville) ADC* 59
 - Western State Hospital (Hopkinsville) ADC 119
- *State-owned and contracted for operation*
 - Eastern State Hospital (Lexington) ADC 127
- *Contracted*
 - Appalachian Regional Healthcare (Hazard) ADC 87

No state-owned or contracted psychiatric facilities for children and youth

Forensic Services - Pretrial assessments, treatment and some post-conviction care for adults with behavioral health illness

- *State-owned and operated*
 - Kentucky Correctional Psychiatric Center (LaGrange) ADC 47

*ADC = Average Daily Census SFY2013



Newest Facility Eastern State Hospital



ESH
Hospital

Kentucky State ICF/ID

Intermediate Care Facilities – Short-term facilities for assessment, stabilization and development of community rehabilitation plans

- *State-owned and operated*
 - Hazelwood (Louisville) ADC* 120
- *State-owned and contracted for operation*
 - Bingham Gardens (Louisville) ADC 24
 - Outwood (Dawson Springs) ADC 42
 - Oakwood (Somerset) ADC 110

These facilities serve individuals over the age of 18

Multi-Specialty Clinics

- Lee Specialty (Louisville)
- Oakwood (Somerset)
- Hazelwood (Louisville)
- Outwood (Dawson Springs)

*ADC = Average Daily Census SFY2013



Long-Term Care Facilities

Long-term Care Facilities - Serves needs of those with Serious Mental Illness as they age and require skilled nursing supports

- *State-owned and operated*
 - Glasgow State Nursing Home (Glasgow) ADC 84
 - Western State Nursing Home (Hopkinsville) ADC 102
- *State-owned and contracted for operation*
 - Eastern State Long-Term Care (opening 2014)

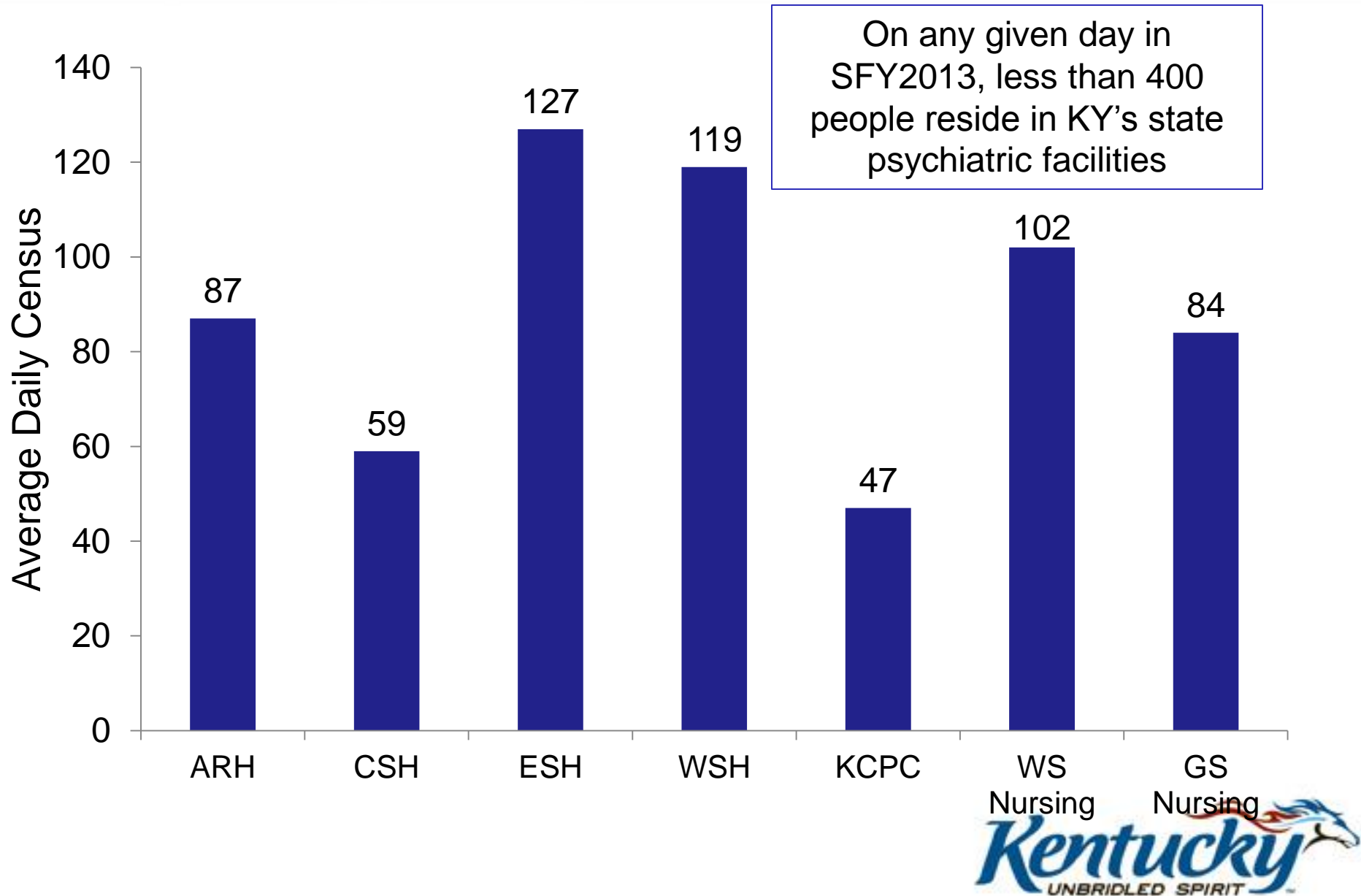
Acquired Brain Injury Unit –Serves post-acute neurobehavioral rehabilitation needs of those with acquired brain injury

- *State-owned and contracted for operation*
 - Eastern State Hospital (Opening 2014)

*ADC = Average Daily Census SFY2013



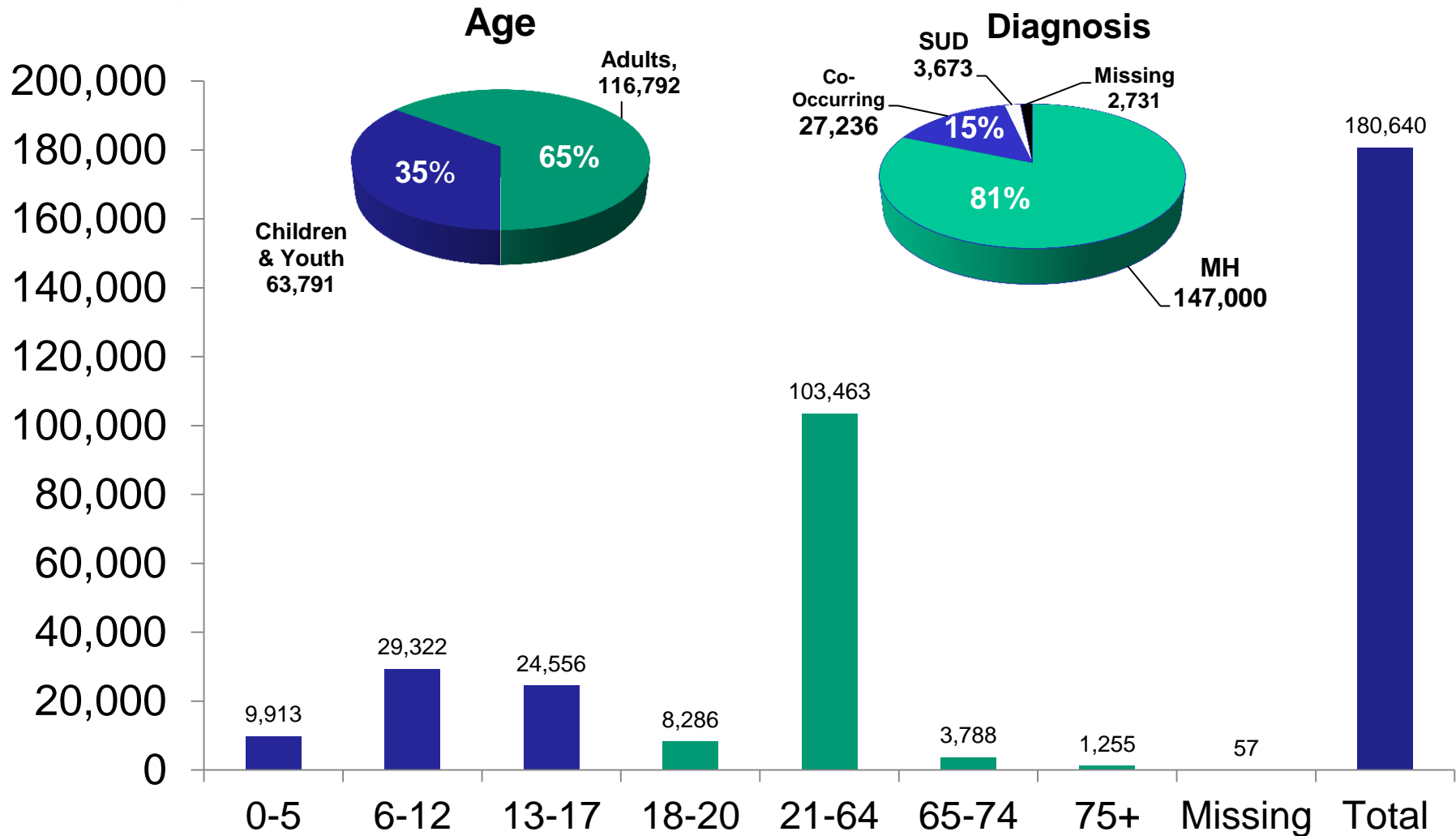
Average Daily Census by State Facility



Community Mental Health Centers



Individuals Served by CMHCs in 2013



Other Roles

- Manage Impact Plus sub-provider network for DMS until September 30, 2014
- Oversee implementation of Supports for Community Living (SCL) Medicaid Waiver
- Work with DMS on implementation and oversight of Managed Care contracting for Behavioral Health Services
- Identify Standards of Care
- Provide training and dissemination of evidence-based practices across the continuum

BHDID

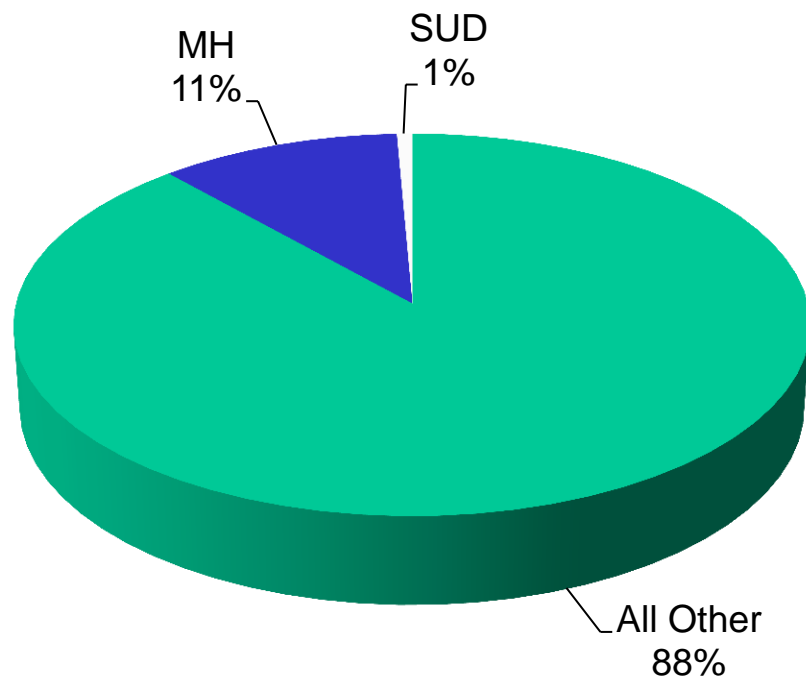
Why are here today at a Medicaid Forum?



Services DRAFT

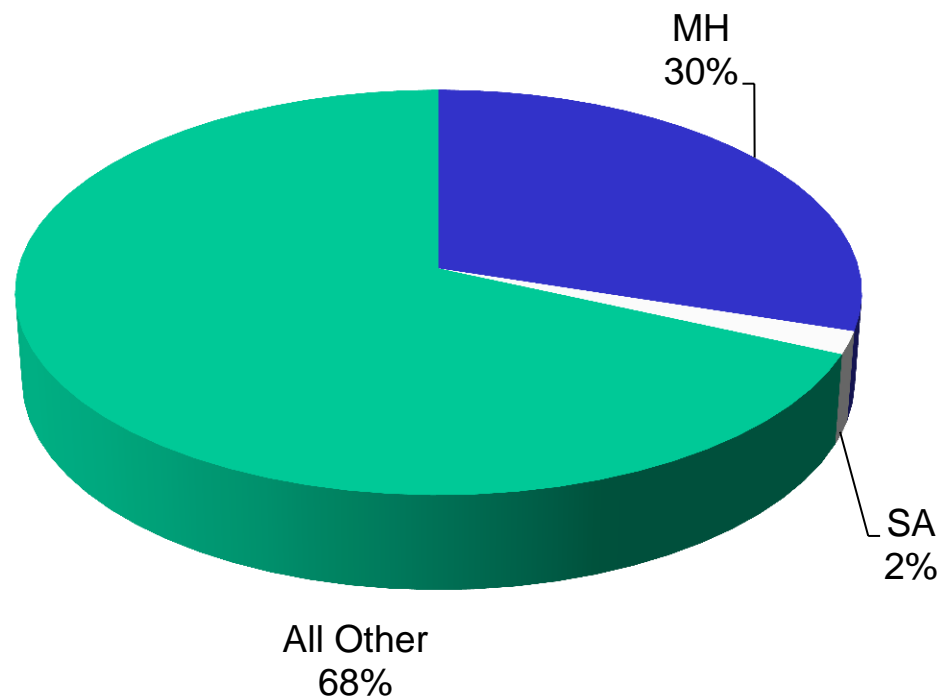
Medicaid Users & Expenditures

Medicaid Service Users



■ All Other ■ MH ■ SUD

Medicaid Expenditures



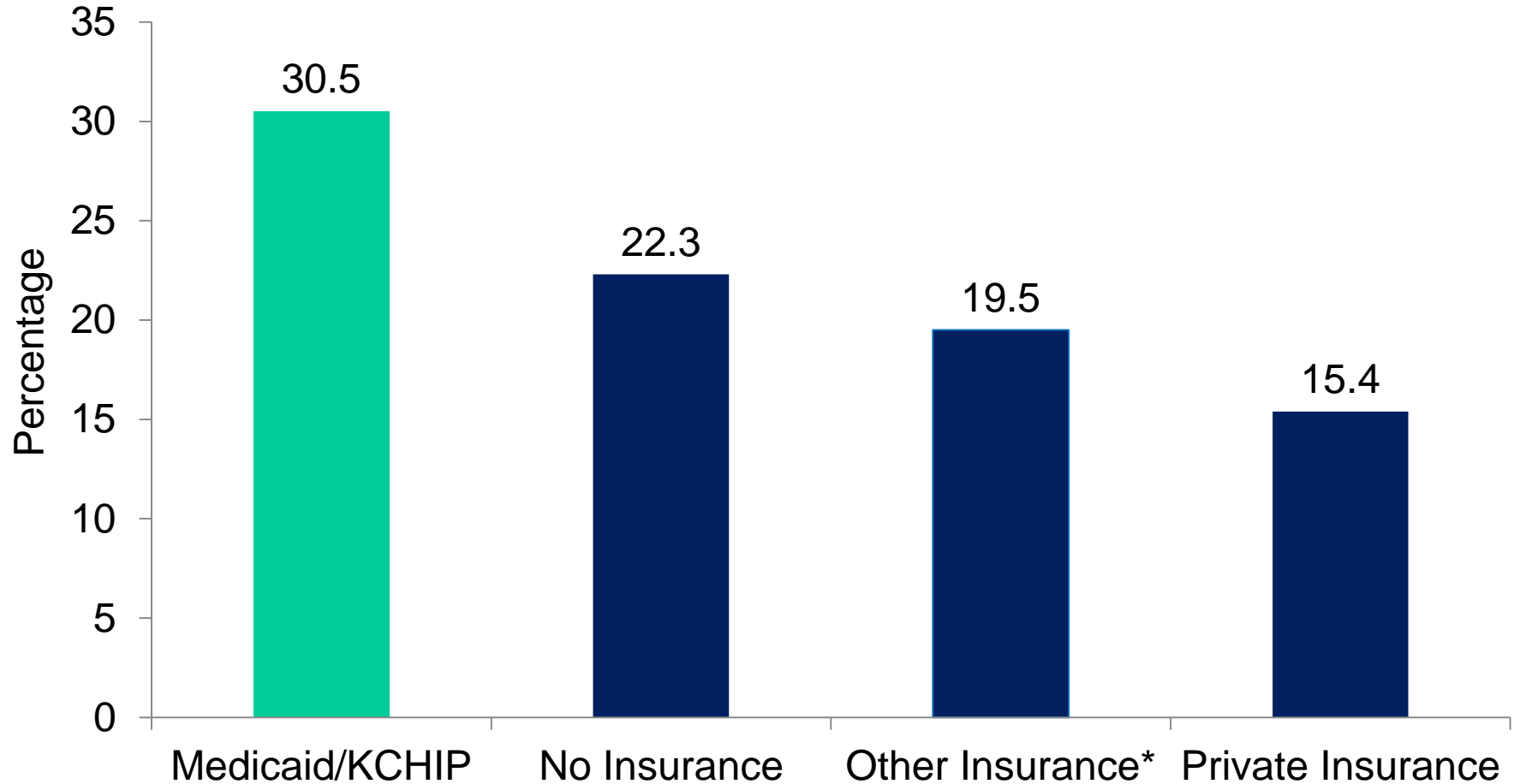
■ MH ■ SUD ■ All Other

Source: SAMHSA



BH Disorder Prevalence by Payor

Percent Having any Mental Illness Dx in Last year

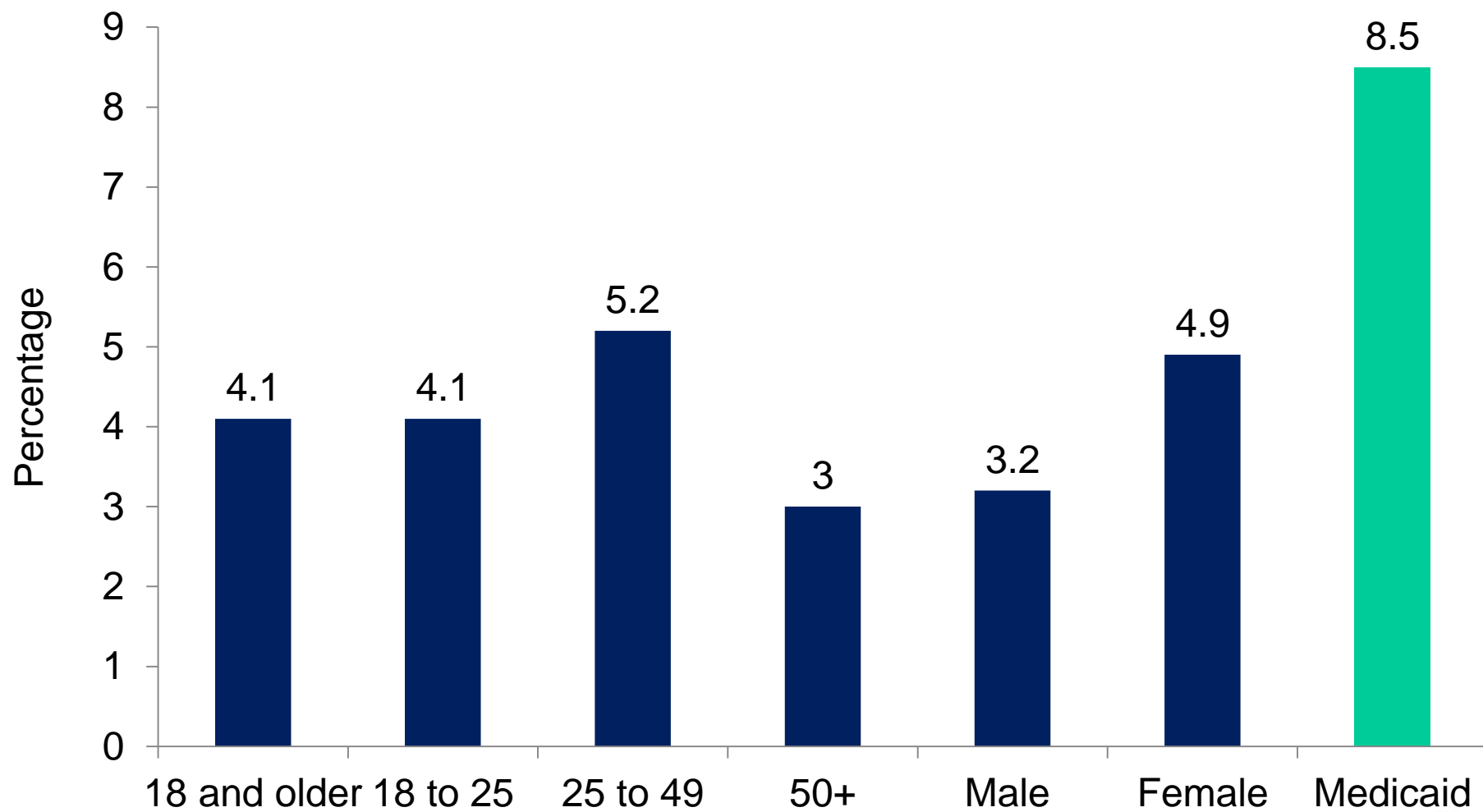


Source: 2012
NSDUH survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality



Serious Mental Illness (SMI) Prevalence in Last Year



Source: 2012
NSDUH survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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Opportunities for Change

- Access
- Hospital Readmission Rates
- Poor Mental Health Days*
- Substance Abuse and OD Death Rates*
- Suicide Rates
- Overreliance on Psychotropic Medications and Polypharmacy as sole treatment
- Reduced Life Expectancy for Individuals with Serious Mental Illness

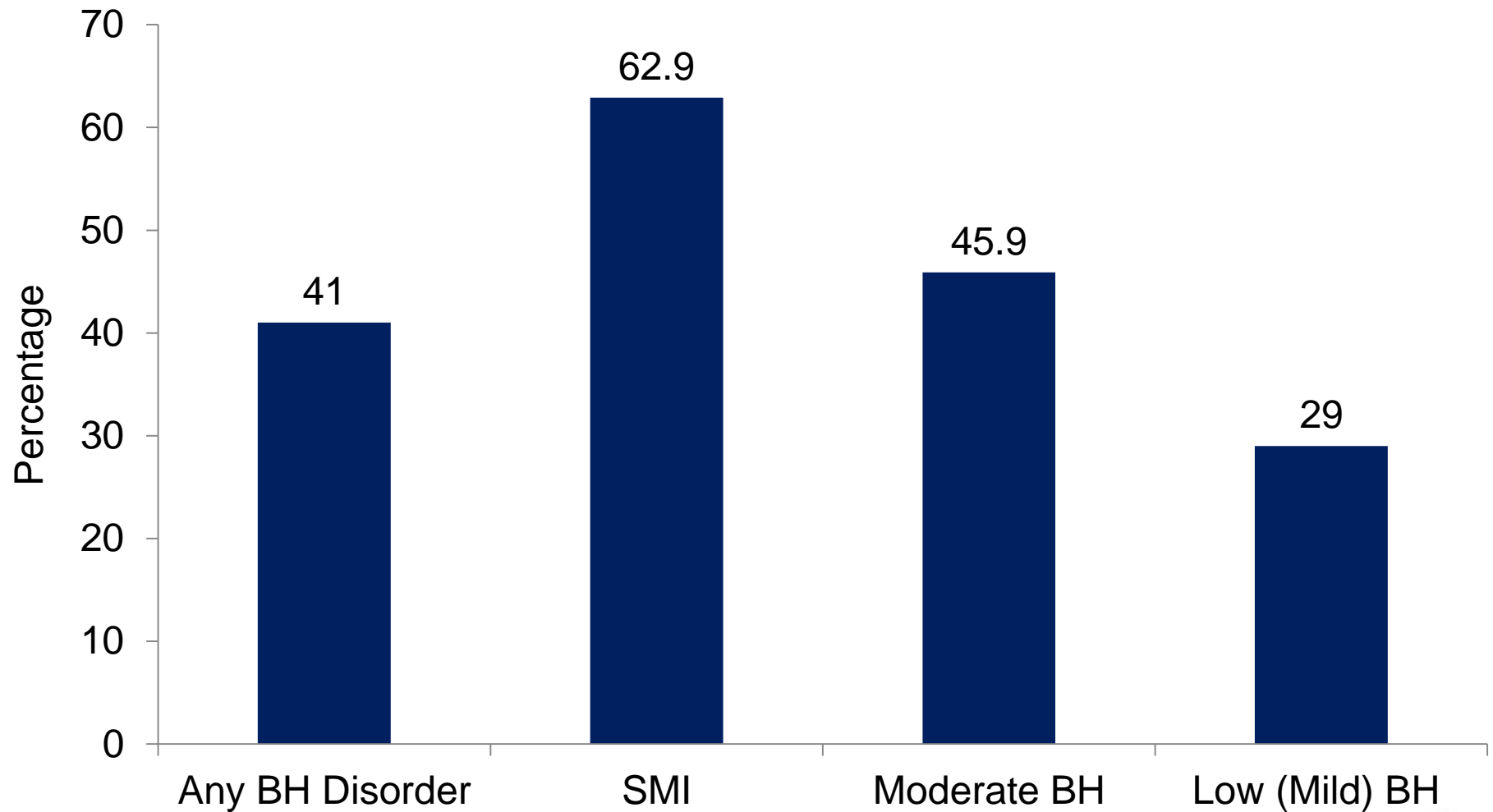
*Kentucky Health Now Goals



Access – Critical Issues

- Critical workforce shortages
- Service utilization at higher ends of continuum
- Until recently, lack of reimbursement for key elements of the continuum
- Implementation of evidence-based services

Percent with BH Disorder Receiving Services



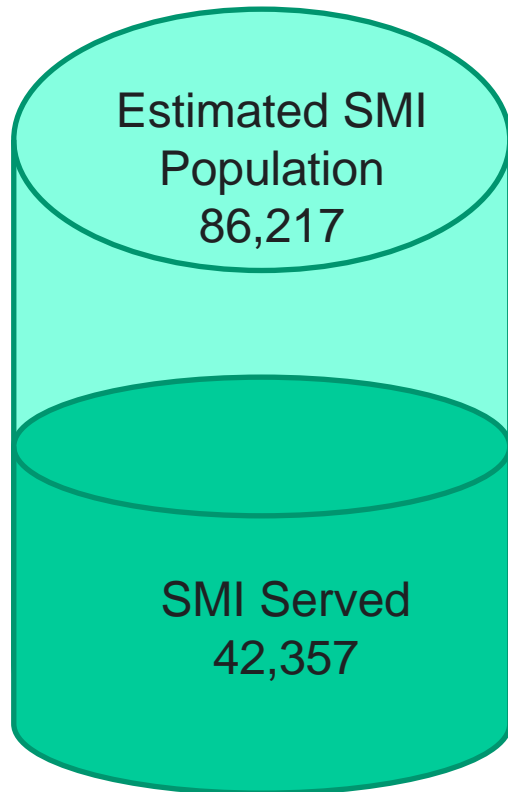
Source: 2012
NSDUH survey

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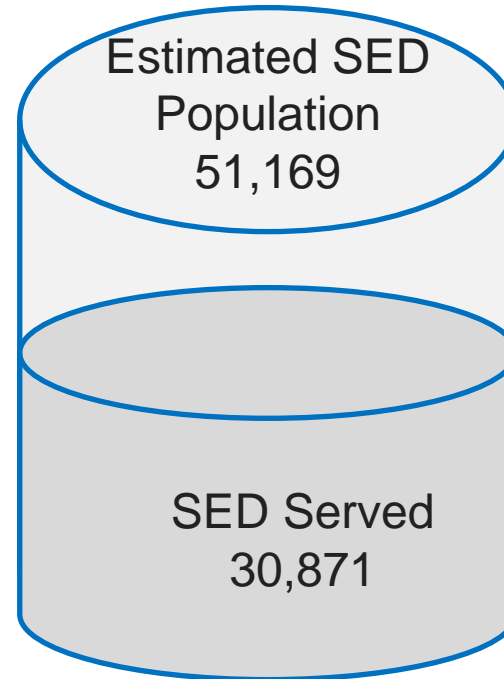


Percent SMI and SED Served in KY

Services Penetration Rates

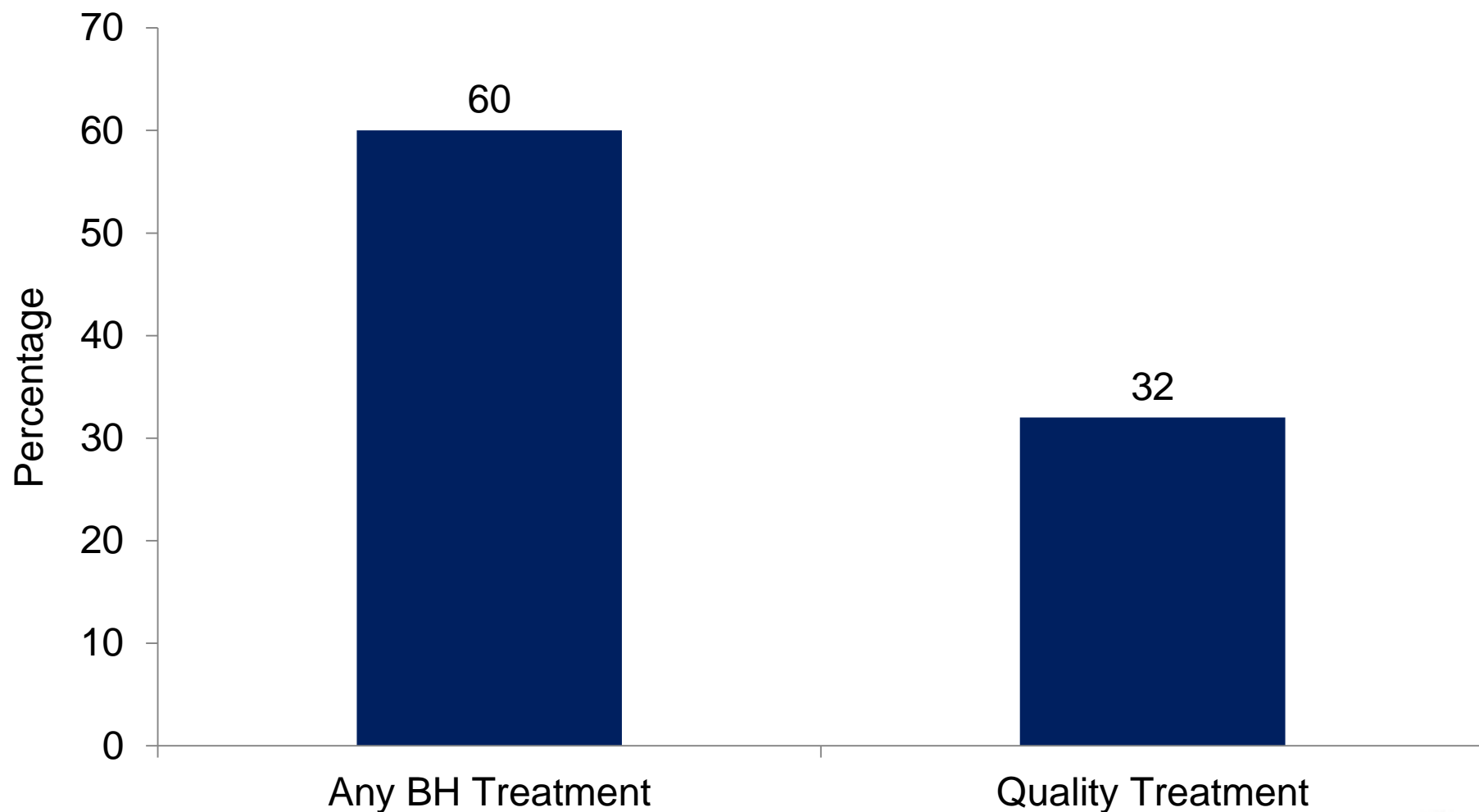


Adults with SMI 49%



Youth with SED 60%

Depression Treatment: Access and Quality

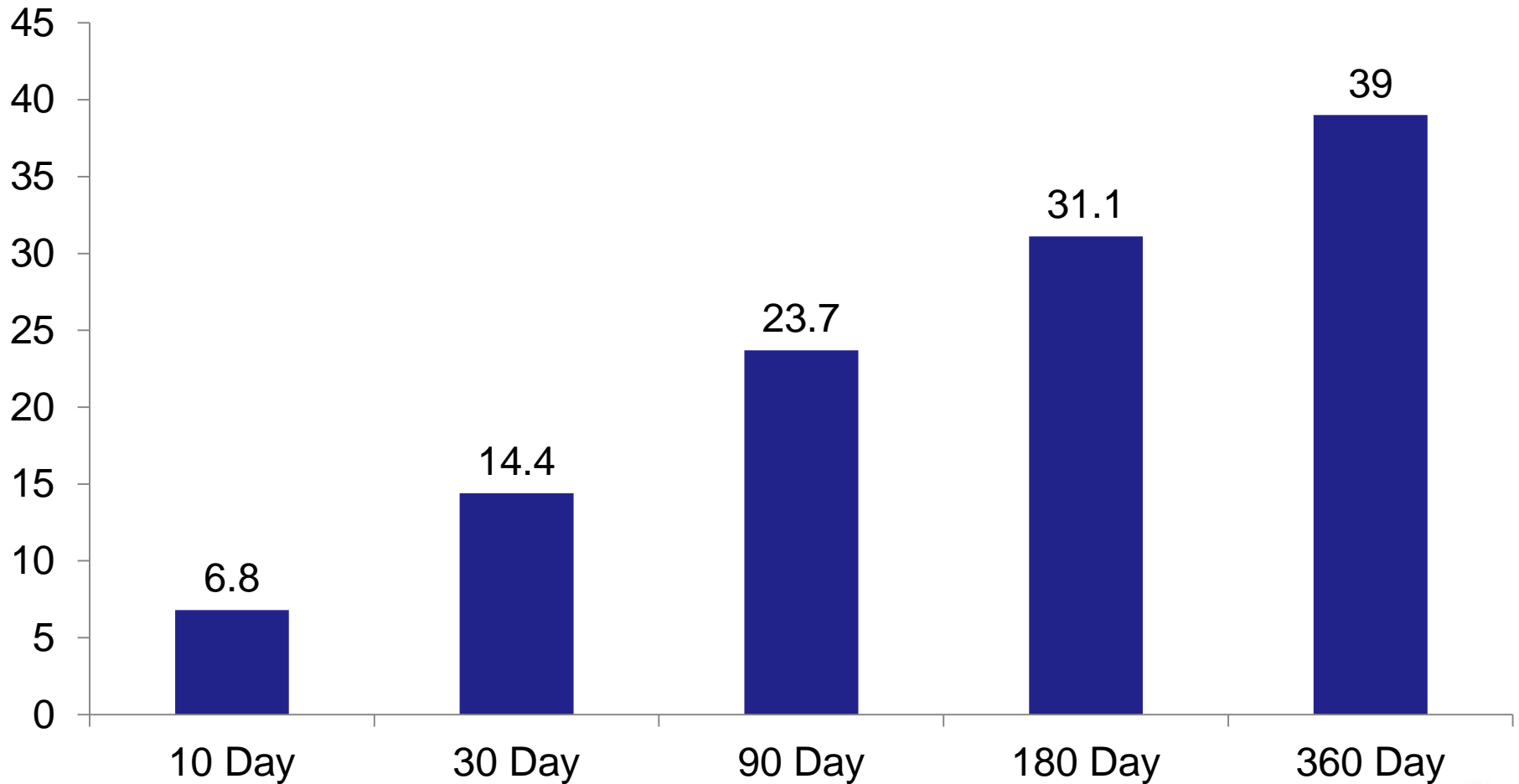


Source: Psychiatric News 2014



State Hospital Readmissions

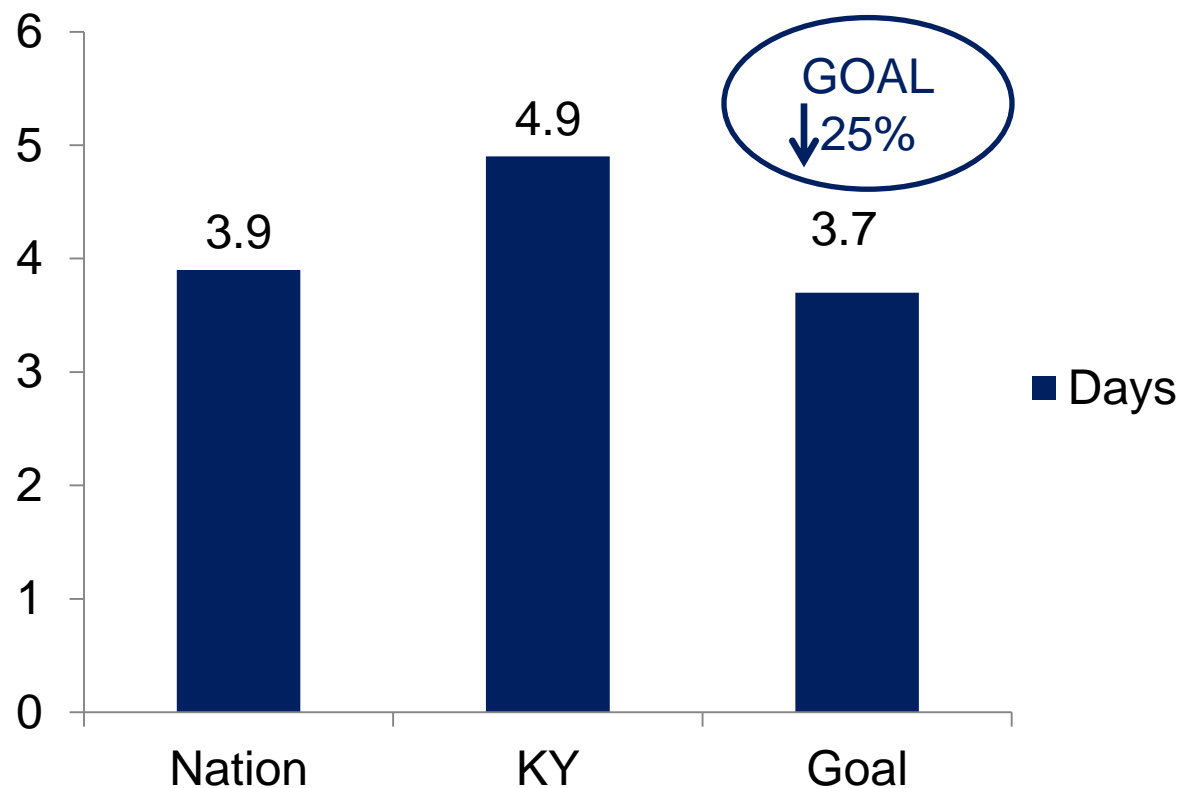
Percent of Readmissions



Poor Mental Health Days

49th

Poor Mental Health Days in Last 30 Days

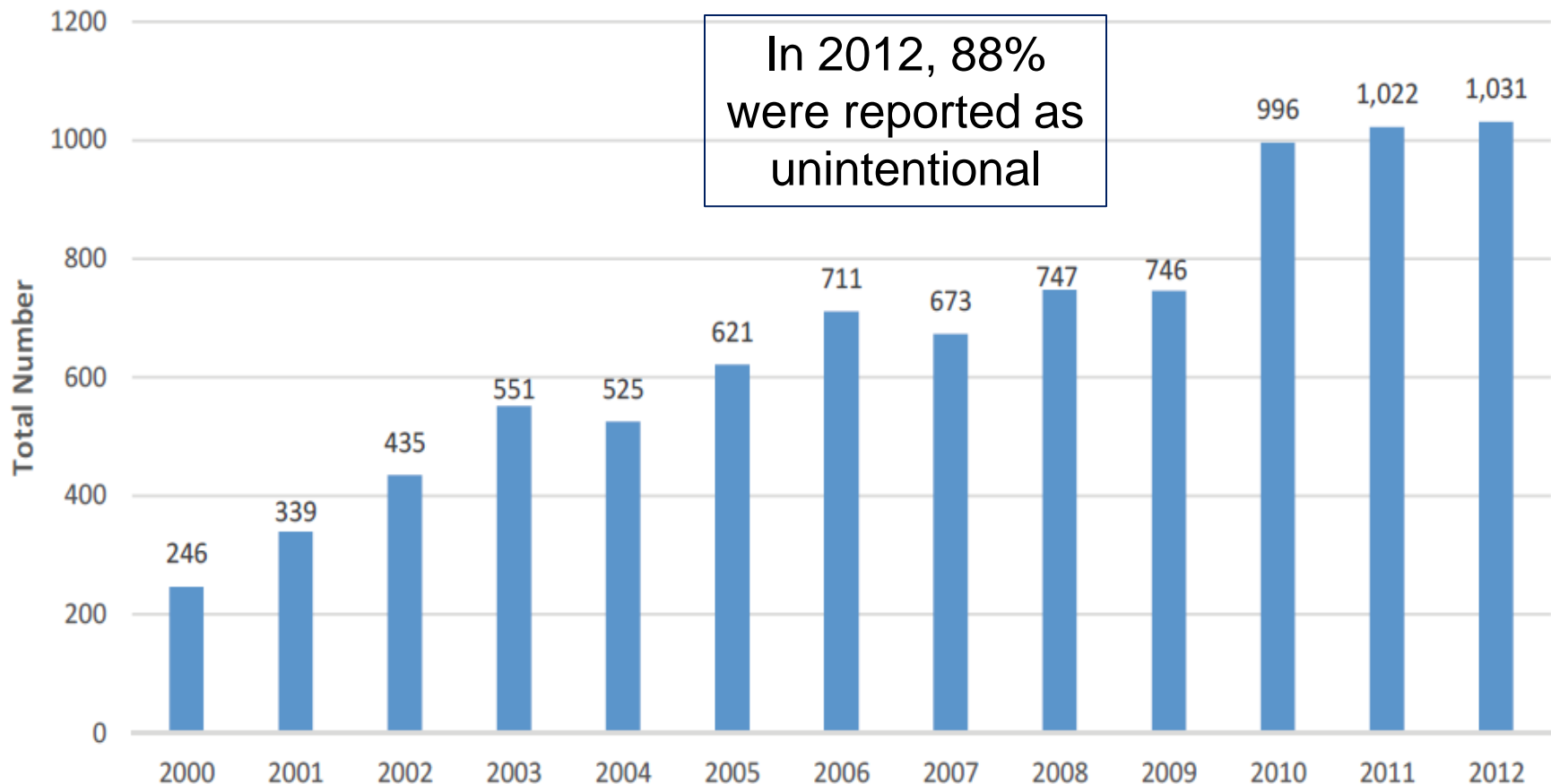


2013 ranks are based on self-report data from CDC's Behavioral Risk Factor Surveillance System (BRFSS)



Overdose Deaths

Kentucky Resident Drug Overdose Deaths, 2000-2012



Produced by the Kentucky Injury Prevention and Research Center, January 2014. Data source: Kentucky Vital Statistics electronic death certificate file. Data for 2009-2012 are provisional and subject to change.

2013 Overdose Deaths by County

2013 Drug Overdose Deaths by County

Rate Per 100,00 People

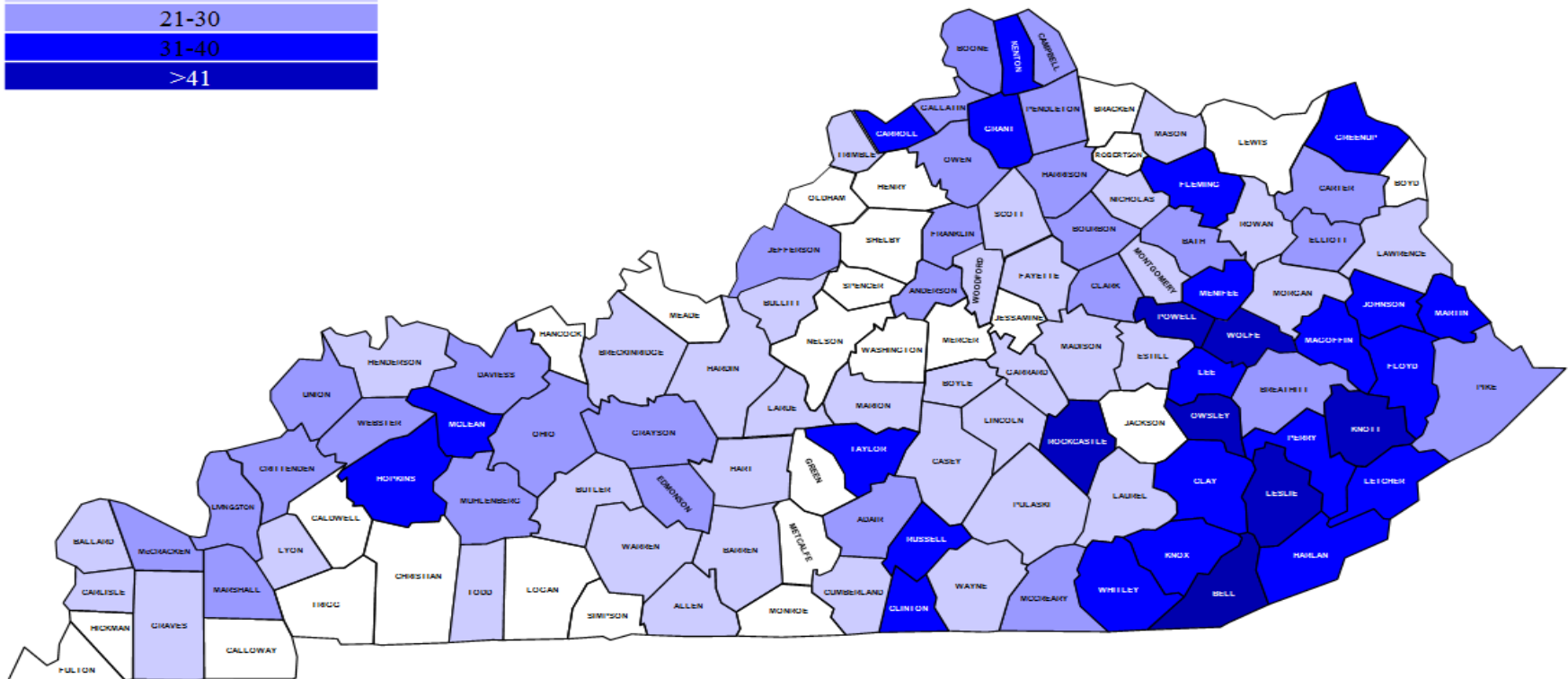
0-10

11-20

21-30

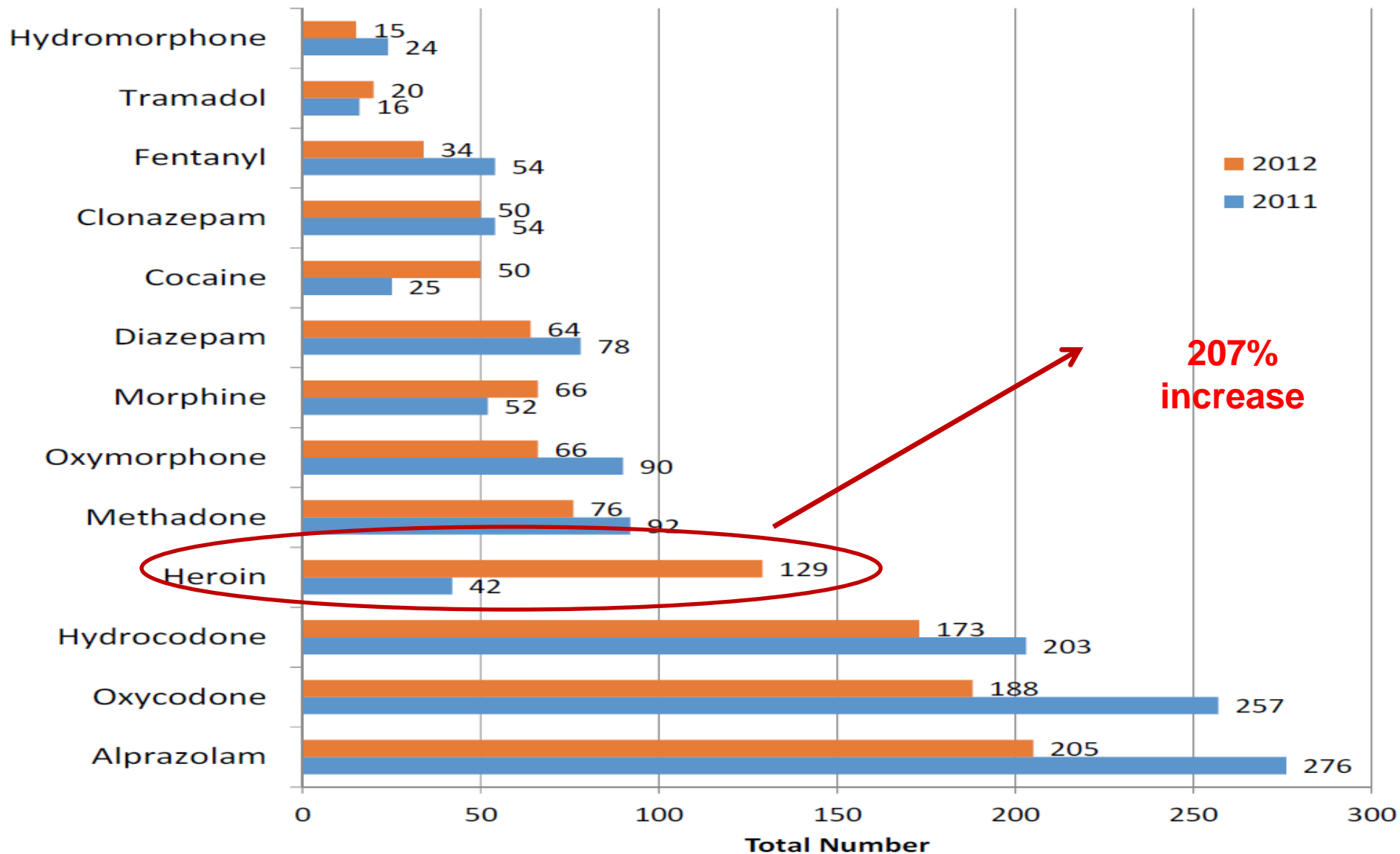
31-40

>41



Updated: May 2014

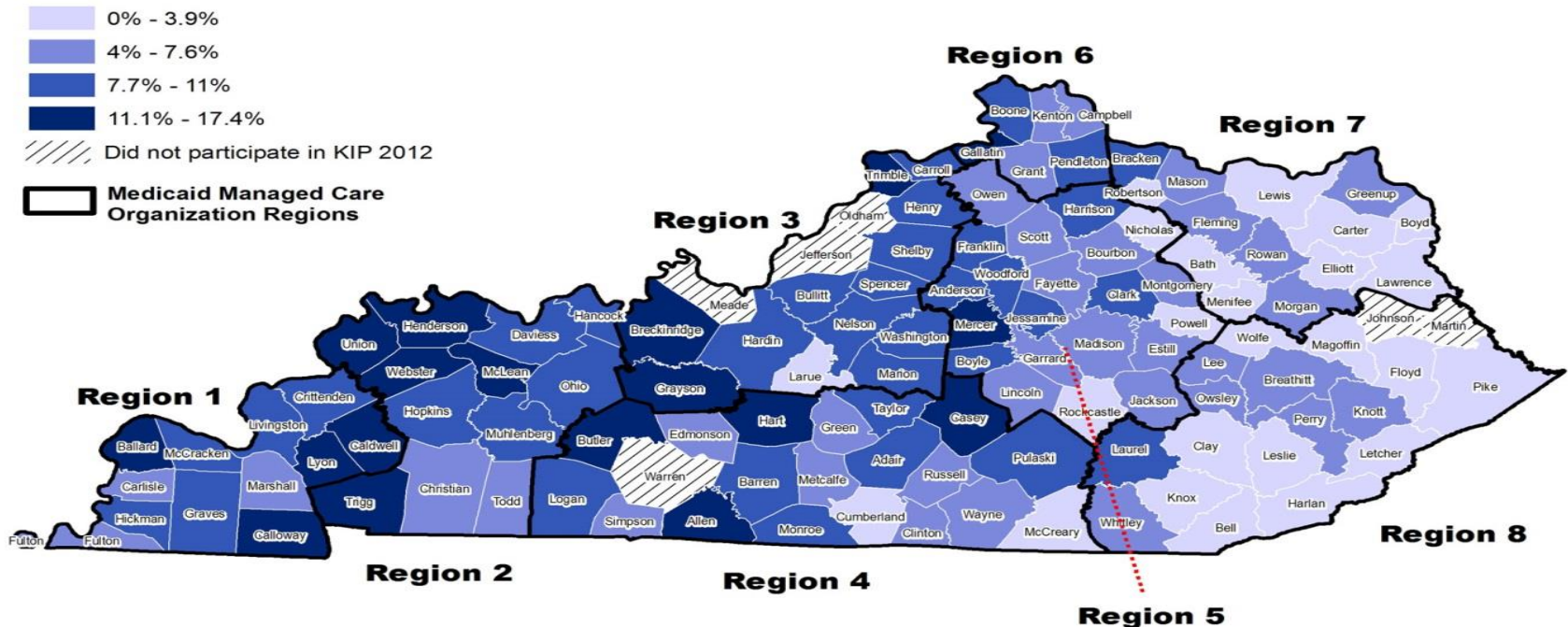
Occurrences of Specific Drugs among the Contributing Causes for Kentucky Resident Drug Overdose Deaths, 2011-2012



Adolescent Substance Use

12-Month Prescription Drug Abuse Among 10th Graders, 2012

Percent of youth who responded one or more occasions



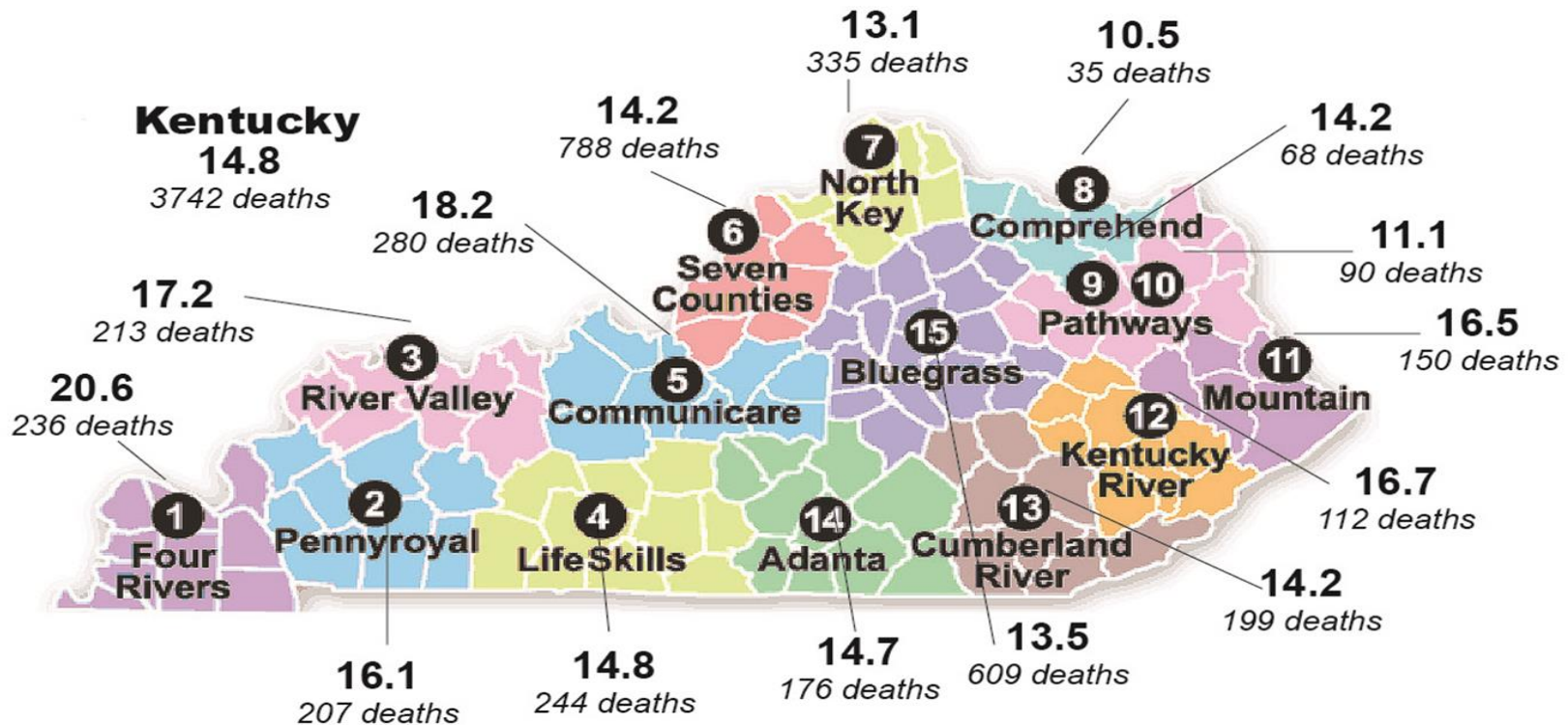
**Data derived from the following question on the 2012 Kentucky Incentives for Prevention Survey:
On how many occasions (if any) have you taken narcotics (painkillers) or drugs that require a doctor's prescription,
without a doctor telling you to take them, in order to get high?**



Suicide Rates

- Nationally, suicide takes more lives annually than automobile accidents
- In 2011, Kentucky had 675 reported suicides
- Kentucky's suicide rate is the 19th highest in the nation
- Individuals with SMI are 6-12 times more likely to complete suicide

2007-2012 Suicide Rates by CMHC Region

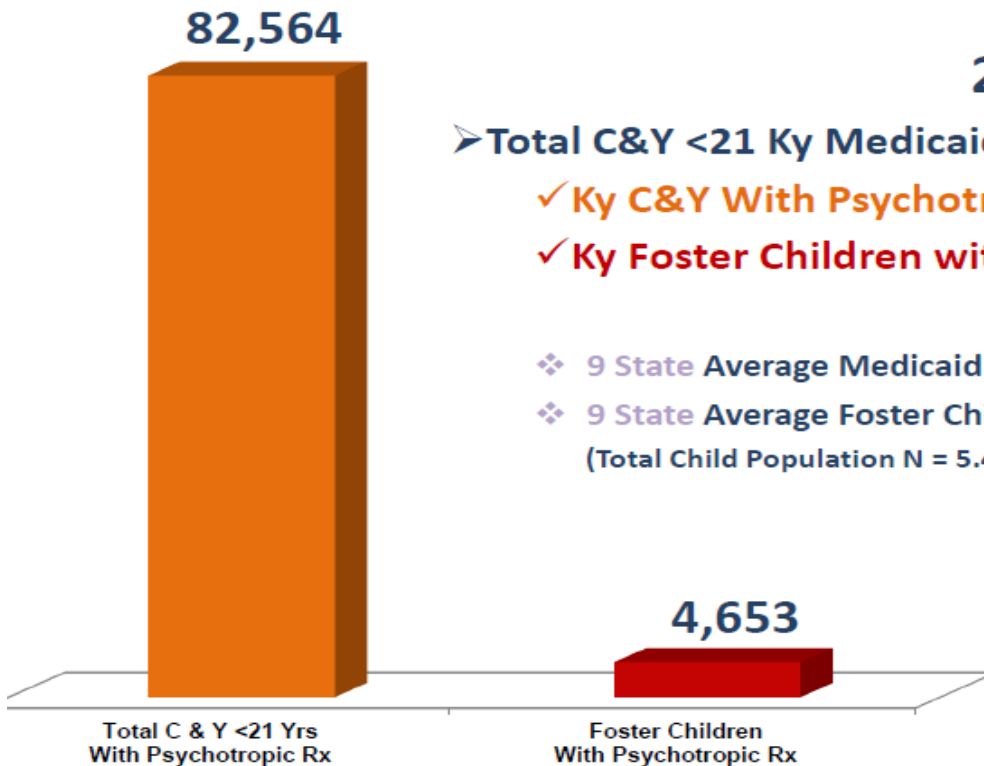


Data source: Kentucky Department of Vital Statistics/Rate per 100,000 population, 2007-2012

Over-Reliance on Psychotropic Medications



Psychotropic Rx's



2013

➤ Total C&Y <21 Ky Medicaid = 577,604

✓ Ky C&Y With Psychotropic Rx = 82,564 (14% Total)

✓ Ky Foster Children with Psychotropic Rx = 4,653 (42%)

❖ 9 State Average Medicaid Children With Psychotropic Rx = 7.4%

❖ 9 State Average Foster Children with Psychotropic Rx = 26.6%

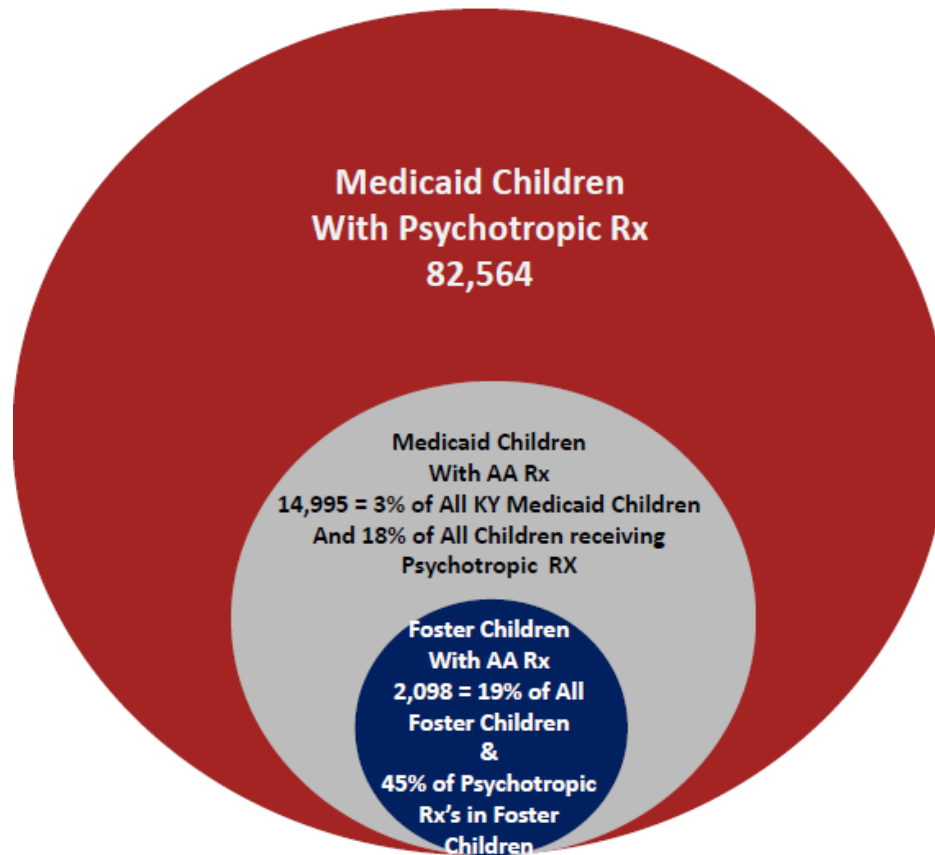
(Total Child Population N = 5.4 million)

9 States: Colorado, Maine, Missouri, New Hampshire, New York, Oklahoma, Pennsylvania, Tennessee, Washington

* 1412 recipients had claims paid during CY 2013 but may have lost enrollment or aged out by 12/31/2013

Kentucky Medicaid 2013

Psychotropic Prescribing: Atypical Antipsychotics



2013

- ❖ **9 State** Average Medicaid Children With Atypical Antipsychotic Rx = **1.8%**
- ❖ **9 State** Average Foster Children with Atypical Antipsychotic Rx = **14%**

(Total Child Population: N = 5.4 million)

9 States: Colorado, Maine, Missouri, New Hampshire, New York, Oklahoma, Pennsylvania, Tennessee, Washington

HEDIS Measures and PIP

- Use of higher than recommended doses
- Use of multiple antipsychotics
- Use of psychosocial treatment concomitant with antipsychotics
- Follow-up visits for children and adolescents on antipsychotics
- Metabolic Screening
- Metabolic Monitoring

Lower Life Expectancy

Individuals with BH disorder die an average of 25 years earlier than the general population

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



68%

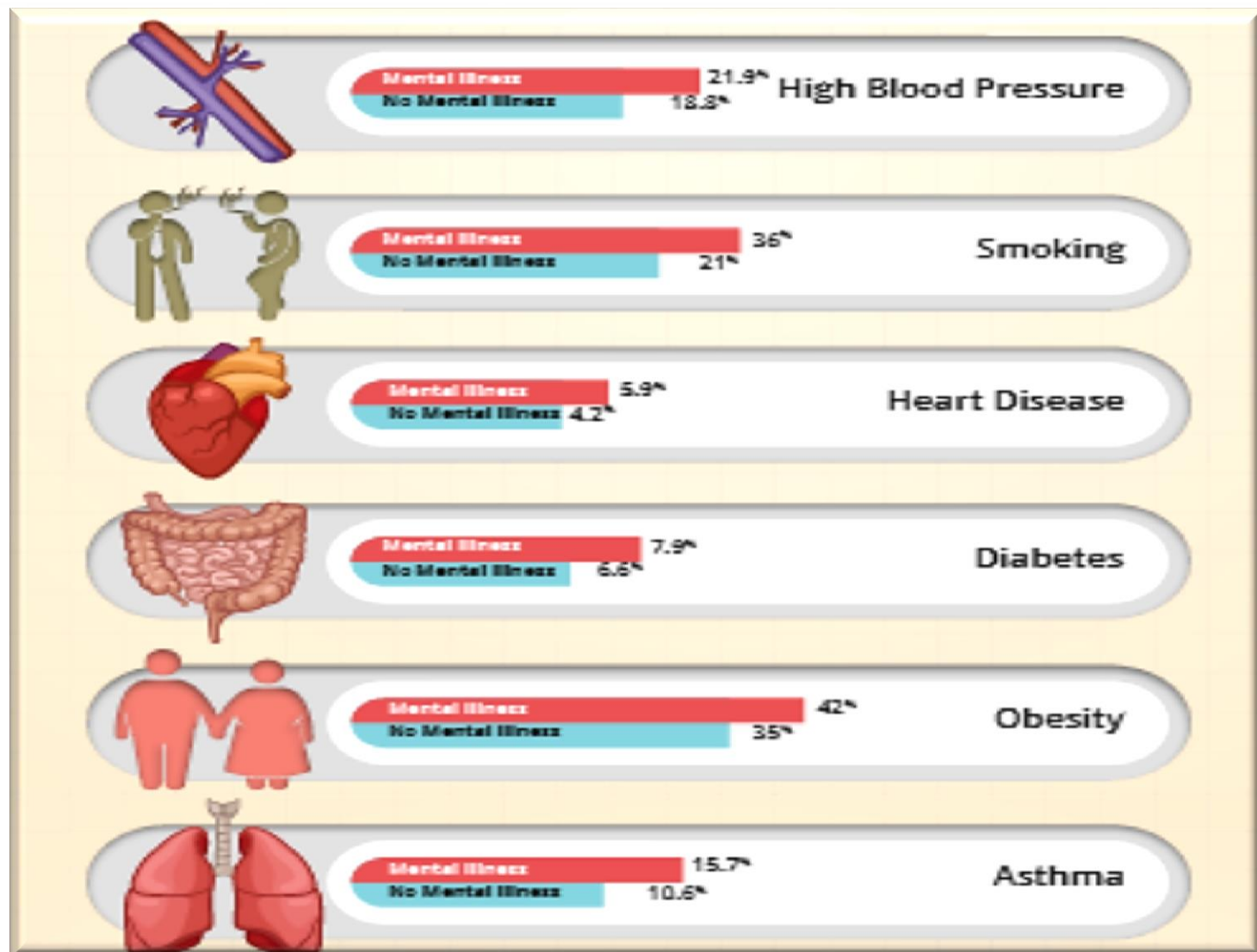
of adults with a mental illness have one or more chronic physical conditions

more than

1 in 5

adults with mental illness have a co-occurring substance use disorder

Co-Occurring Mental Illness & Chronic Health Problems



Behavioral Health Today

**Unprecedented
Opportunity**



**Unprecedented
Challenge**

Our Changing World

A long-awaited day in Behavioral Health Services.....



- Center for Medicare and Medicaid Services (CMS) authorized a State Plan Amendment for Kentucky
- Additional mental health services were added
- Full continuum of substance use disorder services included for all members beyond pregnant women and adolescents
- Provider network expanded to include individual and group providers as well as licensed organizations beyond community mental health centers

State Plan BH Services Continuum

- Screening
- Assessment
- Psychological Testing
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment (Kids only)
- Peer Support
- Parent/Family Peer Support
- Intensive Outpatient Program
- Individual Outpatient Therapy
- Group Outpatient Therapy
- Family Outpatient Therapy
- Collateral Outpatient Therapy (Kids only)
- Partial Hospitalization
- Service Planning (MH only)
- Residential Services for Substance Use Disorders
- Screening, Brief Intervention and Referral to Treatment (SU only)
- Medication Assisted Treatment (SU only)
- Assertive Community Treatment (MH only)
- Comprehensive Community Support Services (MH only)
- Therapeutic Rehabilitation Program (MH only)

Targeted Case Management

- Children with Severe Emotional Disability (SED) and Adults with Severe Mental Illness (SMI)
- Adolescents and Adults with Substance Use Disorders (*SUD Moderate to Severe*)
- Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues (*SMI, SED, or SUD and Physical Health conditions*)

NOTE: State Plan Amendment has been approved but the DMS administrative regulations have not yet been filed or adopted.

Provider Network Expansion

Mental health and substance use services can now be provided by an array of providers...

Prior to January 1, 2014

CMHC

After January 1, 2014

CMHC

Licensed
Practitioner

Licensed
Organization

Provider Group

Provider Network Expansion

New individual and group provider types specific to Behavioral Health Services include:

Individual Provider Types

- Licensed Clinical Social Worker (LCSW)*
- Licensed Psychologist (LP)*
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
 - Certified Psychologists with Autonomous Functioning
- Licensed Professional Art Therapist (PENDING CMS APPROVAL)
- Licensed Behavior Analyst (PENDING CMS APPROVAL)

Group Provider Types

- Multi-Specialty Group (MSG)

Provider Network Expansion

Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker – Master's Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate (PENDING CMS APPROVAL)
- Licensed Assistant Behavioral Analyst (PENDING CMS APPROVAL)

Provider Network Expansion

Behavioral Health Services Organization (BHSO)

- New licensure category developed by CHFS Office of Inspector General to provide clinical behavioral health services.
- If a BHSO provides outpatient behavioral health services to treat individuals with substance use disorders or co-occurring disorders in which substance use disorder is the primary diagnosis, the BHSO will be required to be dually licensed as an AODE.
- In addition to providing outpatient behavioral health services, BHSOs may provide residential services for substance use disorders, in which case the BHSO must also be dually licensed as an AODE.

BHSO Information Link:

<http://dbhdid.ky.gov/dbh/bhso.aspx>

Provider Network Expansion

BHSOs will be licensed to provide one or more of the following behavioral health services as described in the Medicaid State Plan:

- Screening
- Assessment
- Psychological testing
- Crisis intervention
- **Mobile crisis**
- Day treatment
- Peer support
- Intensive outpatient services
- Individual, group, family, or collateral outpatient therapy
- Service planning for mental health disorders
- Screening, brief intervention and referral to treatment for substance abuse
- **Assertive community treatment for mental health disorders**
- Targeted case management
- Comprehensive community support services
- **Residential Substance Use**
- Therapeutic rehabilitation for adults with a serious mental illness or children with severe emotional disabilities.

**Limited to
Licensed
Organizations**

Provider Network Expansion

Residential Crisis Stabilization Units

- New separate licensure category being developed by CHFS Office of Inspector General for residential crisis stabilization units.
- Because Community Mental Health Centers and Psychiatric Residential Treatment Facilities may provide crisis stabilization under their existing licenses, CMHCs and PRTFs will not be required to obtain separate licensure as a residential crisis stabilization unit to provide the service.

More Opportunities

- Co-location of Medical and BH Services now possible
- Kentucky has a planning grant to explore the creation of federally-defined Health Home to facilitate integrated of BH and Medical Care

Integration of Care

The SOLUTION



The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.